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appropriate. All further indicated unless correcte maintenance fee notificat	d below or directed off	ng the Patent, advance on herwise in Block 1, by (a	rders and notification of a) specifying a new cor	f maintenance fees v respondence address	vill be r and/or	nailed to the current c (b) indicating a separa	orrespondence address as ate "FEE ADDRESS" for
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							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/595,657	05/03/2006		Giuseppe Salice		1729-438		4240
TITLE OF INVENTION	: CONTAINER FOR GI	FTS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	-	\$1810	01/14/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
VOLZ, ELIZABETH J		3781	220-788000				-
 Change of correspondence address or indication of "Fee Address" (3° CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MAGIC PRODUCTION GROUP (M.P.G.) S.A. SENNINGERBERG, LUXEMBOURG Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s):	are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 022135 (enclose an extra copy of this form).					
	s SMALL ENTITY state	us. See 37 CFR 1.27.				TTY status. See 37 CF	R 1.27(g)(2).
interest as shown by the	records of the United Sta	ites Patent and Trademark	k Office.		/	/	J
Authorized Signature	W. Bu	Date 1/10/2011					
Typed or printed name			Registration No. 64,932				
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